DOCUMENT RESUME

ED 249 437 CG 017 756

AUTHOR Schrott, Janet; Stilson, James E.
TITLE Hand-in-Hand: A Cooperative Venture in Service Planning, Funding and Delivery.
PUB DATE Mar 84
NOTE 13p.; Paper presented at the Annual Meeting of the Western Gerontological Society (30th, Anaheim, CA, March 17-21, 1984).
PUB TYPE Reports - Descriptive (141) -- Speeches/Conference Papers (150)

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS Aging (Individuals); *Community Cooperation; *Cooperative Planning; Financial Support; Gerontology; Older Adults; Program Descriptions; *Social Services; Social Work
IDENTIFIERS *Ohio (Cleveland)

ABSTRACT

An innovative effort in problem-solving has resulted in mutual cooperation between community volunteers, social service agencies, interested individuals, and private enterprise in funding the provision of social services to senior citizens living in a downtown Cleveland resident hotel, the Carter Manor. The cooperative effort began with the initiation of public transportation to assist the elderly with shopping and medical appointments. Subsequent resident concerns which were addressed included safety, isolation, recreation, and information on community resources. A Committe of Concerned Agencies was formed to address the residents' needs. As a result, social work, visiting nurse, and case aide services were initiated at Carter Manor. The scope of these services ranges from completing forms and clarifying bills to working with individual residents. One benefit of these programs is the reduction in resident admissions to acute care facilities. Efforts are currently underway to replicate this service model in other congregate living sites in Cleveland. (BL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

HARD COPY NOT AVAILABLE

HAND-IN-HAND: A COOPERATIVE VENTURE IN SERVICE PLANNING, FUNDING AND DELIVERY

ED249437

Janet Schrott
Center For Human Services
Cleveland, Ohio

and

James E. Stilson
The Benjamin Rose Institute
Cleveland, Ohio

CG017756

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
X This document has been reproduced as received from the person or organization originating it.
Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL IN MICROFICHE ONLY HAS BEEN GRANTED BY
Janet Schrott
James E. Stilson
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Lecture presented at Western Gerontological Society, 30th Annual Meeting, March 17-21, 1984; Anaheim, California.

HAND-IN-HAND: A COOPERATIVE VENTURE IN SERVICE PLANNING, FUNDING AND DELIVERY

An innovative effort in problem-solving has resulted in mutual cooperation between community volunteers, social service agencies, interested individuals, and private enterprise in funding the provision of social services to senior citizens living in a downtown Cleveland resident hotel, the Carter Manor. The Manor, which is age-integrated, houses approximately 350 men and women, 100 of whom are presently over age 70. The Manor's central city location is in close proximity to several human services providers, most noticeably, the Center For Human Services, which is located directly across the street.

******

The Center's relationship with the residents of Carter Manor developed over a span of six years, beginning in February 1978, when a resident who was being seen in counselling also brought concerns about the Manor's elderly residents. The Counsellor brought the residents' concerns to the attention of the Center's Community Committee which decided to first address the need for public transportation to assist the elderly with shopping and medical appointments. Through the efforts of the Committee and in cooperation with the Regional Transit Authority (RTA) which at that time was re-evaluating its bus routes, an agreement was reached for RTA to reroute its Community Responsive Transit lines to include a bus stop in front of the Manor. Upon completion of this project in May 1978, the Committee remained concerned about other resident issues which had been brought to its attention. These

included safety; isolation; recreation; the lack of information about community resources to help community residents with questions related to home health care, hospitalization, discharge and nursing home placement; and management's seeming lack of interest in its tenants. After the passage of some time and the gathering of more information from a small group of residents and a VN who was already providing services at the Manor, the Committee of Concerned Agencies with resident participation was formed in January 1980. It soon grew to include representatives from a nearby hospital and a Senior Community Employment Service project. Each recognized the need for these services and pledged their support to meet these needs. Over the next several months special emphasis was given to exploring approaches to the funding problem. Assistance came when a real estate broker joined the Committee and proposed approaching the building owner directly. Acting upon his advice, a proposal supplemented with letters of support from each of the involved agencies was submitted to the Manor owner. This proposal emphasized, "Handling problems while they are minor tends to lead to minimization of large problems". Other benefits accruing to management were projected to be, "a happier, healthier tenancy that would cut back on turnover and diminish unwarranted maintenance requests," and annual receipt of social services having a market value of in excess of $100,000. "What a bargain... for $2.97 per month, per suite."

Social Work services were initiated at Carter Manor on December 1, 1980 after an experienced Masters level Social Worker was contacted and found to be available and willing to accept the challenge of this position. She and the Carter Manor owner negotiated employment issues directly, and in so doing a singular relationship was forged between the direct service provider and the building owner.

With management's commitment and investment augmented by the support of several public and private local agencies the Committee of Concerned Agencies recognized the need for its own reorganization. This was quickly accomplished. The Committee including representation from Management became the Carter Manor Task Force, and agreed to (1) meet quarterly; (2) review the activities of the Social Worker; (3) offer support and encouragement; and (4) evaluate ongoing needs of Manor residents.

The initial relationship between the Carter Manor Task Force and Manor owner have as its foundation an agreement which included commitments by participating agencies as indicated by these sample statements:

> "As you know... (we have) offered to accept referrals which meet our usual criteria for service. We will plan to work cooperatively with the Social Worker at Carter Manor."

> "I am writing to assure you of our continuing interest in serving frail older persons... through a multidisciplinary team which includes a Caseworker, Nurse, Attorney, Social Service Assistant, Home Health Aide and Geriatric Outreach Worker."

> "The (agency) is concerned about the needs of the elderly in Carter Manor, and we will continue to work with other agencies through... our staff person."

Other cooperating agencies represented on the Task Force responded by pledging support in the following ways:

(1) Providing weekly supervision to the Manor's Social Worker.

(2) Continuing a one day a week Nursing Clinic at the Manor;

(3) Assigning a part-time Case Aide enrollee to work under the supervision of the Manor's Social Worker; and

(4) Assuring acute hospital social work service to include consultation, assistance in obtaining at-home supportive services, and planning for extended care and custodial placement in addition to customary provided services.

While all services pledged to the project were at no cost to the project itself and, in most instances, were provided at no cost to the residents, when third party reimbursement was possible appropriate steps were taken by the service providers to recover charges.

Since close cooperation between the Social Worker and the Visiting Nurse is a major factor in the provision of services, the Social Worker is available at the same time as the Nurse. The fifteen hours are arranged on a flexible basis and are used to provide social services including (1) Problem Identification; (2) Problem Assessment; and (3) Problem Solving. The worker may also assist in screening of prospective tenants. In addition, she arranges all confidential record keeping; collects service data and prepares monthly statistical reports for the Manor management and for the consultant. The worker handles these responsibilities with independent judgement using the designated consultant from the Center on an as-needed basis.

The scope of the work is very broad. It addresses a variety of resident needs which range from completing forms and clarifying medical bills to working with anxious, depressed and angry individuals to keeping in touch with more isolated people and/or monitoring those residents

whose conditions seem to be deteriorating. It also includes supporting and encouraging residents in their efforts to live independently. Often this requires enlisting available public and private community resources on their behalf. In some instances the residents must be helped to accept nursing home placement.

In reports beginning in June 1981 the Social Worker has continuously provided descriptive information regarding the condition and plight of some of the Manor's more needy residents. For example:

> "In one case when a 91-year old tenant, already a client with another cooperating agency, was discharged from the hospital (I) was able to alert the social worker at the hospital and a variety of very efficient and very effective support services were set up using the cooperating agency and making it possible for the client to live comfortably and happily in his apartment."

> "I found myself involved with intensive counselling with a mother and daughter. In this situation I think that some insight has been developed by both, and some deep hurts hopefully have been relieved."

> "I am in the process of arranging for the psychiatric evaluation of another resident, with the cooperation of the Geropsychiatric Unit of a nearby medical center. This situation has involved daily visits to a resident (and on my days off, telephone calls) to relieve a state of acute anxiety."

"I have been visiting another client daily; this is the person with terminal cancer whose fierce independence I respect, but whose confidence I have to gain, so she could confide her fears, admit her needs and accept help from community resources as well as from me, which will permit her to still function with a degree of independence."

"Two of my active clients have died recently. One case involved an individual with terminal cancer. He used to spend his days in the lobby. When I did not see him there for a few days I investigated, and found him in his apartment desperately sick. Two days earlier he had gone to the emergency room of a nearby hospital where he was being treated at the out-patient clinic, and was sent back to the Manor. This time, I followed the ambulance and insisted in talking to the social worker and doctor on duty with the result that he was kept at the hospital and received the proper pain medication and care until he died two weeks later. The second case involved a man who felt very sick on Sunday, went to another nearby emergency room and was sent home after two hours. The following day the Manor's secretary told me that he was ill. When I went to his apartment I realized that he was indeed very sick, and had him hospitalized immediately, alerting the caseworker at the hospital of my reasons for concern. The gentleman died that night. One of his greatest fears had been to be found dead in his apartment."

The worker also shared this observation:

> "Whenever possible, service to residents also includes working with their families and encouraging their positive involvement. With few exceptions, the result seems to be quite positive..."

In this "hand-in-hand" venture, the contribution of the Nurse Clinic at the Manor cannot be under-estimated. One benefit of special significance has been that resident admissions to acute care facilities have been reduced. For example: Mr. Co., functionally blind, hard of hearing and with a heart condition used to be admitted to the hospital once or twice each year in cardiac failure. Now, with the nurse's frequent monitoring and communications with his doctor about changes in his health status between his every three-month Clinic visits, Mr. C. has avoided admission to the hospital all year.

Some residents, though, require much effort to go to the hospital for admission and care. Mrs. S. is just such a person. Her neighbors came to the Social Worker to express their concern about what they observed as a sudden change in her behavior--a deterioration in her condition. When she became increasingly isolated, confused, forgetful and lax in her personal hygiene the Manor's Social Worker immediately involved Protective Services of the County Welfare Department and began working towards Mrs. S.'s admission to the Geropsychiatric Unit of a nearby medical center for evaluation.

As can be readily seen from these case situations, the vast majority are typical problems of aging involving isolation, depression, need for supports to continue living independently, preparation for

forthcoming surgery or nursing home placement, relationships with children and accepting and dealing with physical impairment.

To enhance communication, the Social Worker prepares a monthly statistical report for the Manor owner and the Center For Human Services; and, on a quarterly basis gives a report to the Carter Manor Task Force. From her first such report the Social Worker notes that on December 1980 there were approximately 181 residents at the Manor between the ages of 60 and 97; 128 of these over age 70. Eighteen months later, in May 1982, she reports approximately 150 residents at the Manor between the ages of 60 and 97 of whom 102 are over 70. The decline in numbers is due to several deaths, nursing home placements, and moving either to another location or to live with relatives. Please see Table I for additional information.

TABLE I

CARTER MANOR RESIDENTS SERVED BY SOCIAL WORKER
(December 1980 - December 1983)

Period	Residents Served	Interviews/Visits			Total Interviews and Visits
		Home	Office	Hospital and Nursing Home	
December 1980 to May 1981	42	105	75	5	185
May 1981 to October 1981	36	46	78	9	133
October 1981 to May 1982	77	97	133	17	247
May 1982 to October 1982	35	121	58	7	186
October 1982 to May 1983	40	161	76	5	242
May 1983 to October 1983	41	106	104	8	218
October 1983 through December 1983	34	51	55	0	106

Throughout the past three years the Carter Manor Task Force has continued to meet at least one time each calendar quarter to discuss issues brought before it by its Carter Manor representatives and/or cooperating agency participants. In addition, the Social Worker has also provided verbal and written reports of her activities and has affectively advocated for continuation or enhancement of services. In October 1983 her report highlighted the following developments:

"Two nurses from the Visiting Nurse Association are now available to the tenants. One is a specialist in neurology which will be helpful to the many residents who are victims of stroke."

"Tenants and staff are working on a volunteer outreach program with a local hospital, improving facilities in the lounge and recreation area and launching a Carter Manor Newsletter."

"HUD's interest in Carter Manor has meant more frequent visits to inspect conditions... as a result, maintenance has improved and repairs are done more promptly."

"A small fire at the Manor a while ago caused no injuries but spurred the Social Worker to begin organizing an evacuation plan in cooperation with the Cleveland Fire Department in case of future emergencies. These instructions will be especially useful to those "residents at risk" who are not as mobile as others."

The Social Worker has also indicated her appreciation for the support of agencies that make up the Task Force. She writes: "It's good to know that when special help is needed from an agency it is given. When something is bothering me in relation to a case, I can always call for help."

The management of Carter Manor continued to fund the Social Worker part-time until November 1982 when they experienced a reduction in revenue and an increase in expenses. Although the project was felt to be successful another means of financing had to be found. The Center For Human Services which had been providing consultation to the Social Worker was able to provide funding through December 1982. A proposal was prepared and presented to a local Foundation which funded the project through April 1983.

When the tenants learned of the uncertainty of the casework program due to lack of funding, many of them began contributing through the Tenants Council to a designated fund for the continuation of the service. In addition, they sponsored a rummage sale and the proceeds of $100 went towards the Social Worker's 1983 salary. In addition, twenty-five of the residents pledged a minimum of $2.00 per month toward the worker's 1983 salary. Thus, the residents realize what the presence of the Social Worker means to them. The Social Worker responded in her report by indicating that, "So far, their (residents') personal involvement has resulted in a healthy tendency to call upon me more freely and be less apologetic about taking up so much of my time."

The Task Force on Carter Manor proposed to continue in its

Advisory Council capacity. In late March 1983 word was received that a $9,500 grant for fifteen months had been awarded. The Manor owner agreed to continued provision of office space, a telephone and secretarial services at no cost to the project. A unique condition of the grant award was that an exerted effort would be made by the Task Force to develop a plan whereby this model of service could be replicated in other similar congregate living sites within the City of Cleveland. These efforts are now under way.

JS:hk